

South Carolina Department of Health & Environmental Control

Bureau of Radiological Health

Supplemental Instructions for Preparation of Application for Radioactive Material License Physicians Training and Qualifications Human Use

GENERAL INFORMATION

State regulations provide that the using physicians have substantial experience and training in the proposed use, the handling and administration of radioisotopes and where applicable, the clinical management of patients administered radioactive materials. The physician must furnish suitable evidence of such experience and training with his application, or if he desires being added as an authorized user of an existing institutional license.

Explanation of Form Supplement A – Human Use

1. 1 and 2 Self Explanatory
3. The applicant should complete this item if certified in a particular medical field or specialty by a medical board.

Examples of certification are as follows:

- a. American Board of Nuclear Medicine
 - b. American Board of Radiology with special competence in Nuclear Medicine
 - c. American Board of Radiology with special competence in Therapeutic Radiology.
4. To qualify as adequately trained to use or directly supervise the use of radioactive materials listed in Part IV, Department Regulation 61-63, the applicant must complete this item indicating training received.
 5. The information requested in this item refers to the applicant's academic and laboratory training in handling radioisotopes.
 6. This item may be completed by the physician's preceptor (if any) in the medical use of radioisotopes. When the information is not furnished by the preceptor, the name and address (if any) should be shown in Item 8.

- 7 through 11 Self Explanatory

South Carolina Department of Health and Environmental Control Application for Radioactive Material License Training and Experience of Authorized User or Radiation Safety Officer Supplement A – Human Use				
1. Name of Proposed Authorized User or Radiation Safety Officer (specify) (Medical Institution: _____)			2. For Physicians, State or Territory Where Licensed	
3. Certification				
Specialty Board A		Category B		Month and Year Certified C
Training Received In Basic Radioisotope				
Field of Training A		Location and Date(s) of Training B		Types and Length of Training Clock Hours in Lecture or Laboratory
				Clock Hours of Supervised On-The-Job- Experience
a. Radiation Physics and Instrumentation				
b. Radiation Protection				
c. Mathematics Pertaining To The Use and Measurement of Radioactivity				
d. Radiation Biology				
e. Radiopharmaceutical Chemistry				
5. Experience With Radiation (actual use of Radioisotopes or Equivalent Experience)				
Isotope	mCi Used At One Time	Location	Clock Hours	Type of Use

South Carolina Department of Health and Environmental Control Application for Radioactive Material License Preceptor Statement Supplement – Human Use			
This page must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience obtain a separate statement from each			
6. Proposed Physician User's Name and Address		Key To Column C Personal Participation Should Consist Of: 1. Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2. Collaboration in dose calibration and actual administration of dose to patient including calculation of the radiation dose, related measurements and plotting of data. 3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
Full Name			
Street Address			
City	State		
6(a). Clinical Training and Experience of Above Named Physician			
Isotope A	Conditions Diagnosed or Treated B	Number of Cases Involving Personal Participation C	Comments (Additional information or comments may be submitted in submitted in duplicate on separate sheets.) D
	Thyroid		
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVeen shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan		
	Cardiac stress ventriculogram		
	Cardiac rest ventriculogram		
	Gallium scan		
	(List Others)		

Preceptor Statement (continued)			
Clinical Training and Experience of Above Named Physician (continued)			
Isotope A	Conditions Diagnosed or Treated B	Number of Cases Involving Personal Participation C	Comments (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	Treatment of Polycythemia Vera Leukemia, and Bone Metastases		
P-32 (Collodial)	Intracavitary Treatment		
I-131	Treatment of Thyroid Carcinoma		
	Treatment of Hyperthyroidism		
Au-198	Interacavitary Treatment		
Co-60 Or CS-137	Interstitial Treatment Intracavitary		
	Treatment		
I-125 Or Ir-192	Interstitial Treatment		
Co-60 Or Cs-137	Teletherapy Treatment		
Sr-90	Treatment of Eye Disease		
	Radiopharmaceutical Preparation		
Mo-99/ Tc-99m	Generator		
Sn-113/ In-113m	Generator		
Tc-99m	Reagent Kits		
Other			
7. Dates and Total Number of Hours Received in Clinical Radioisotope Training <div> <div>Location</div> <div>Dates</div> <div>Clock Hours of Experience</div> </div>			
8. The Training and Experience Indicated Above was Obtained Under the Supervision of:		9. Preceptor's Signature	
a. Name of Supervisor		10. Preceptor's Name (please type or print)	
b. Name of Institution			
c. Mailing Address			
d. City		11. Date	
Materials License Number(s)			